

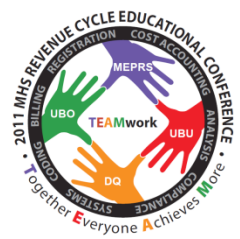
Title: **Interagency Billing (USCG, NOAA, & PHS)**

Session: **T-3-1100**



Objectives

- Proper SF1080 Submission
- Requirements for DD7/DD7A
- Rejected Claims
- Miscellaneous Issues
- CG Tracker
- Agency Contact Information



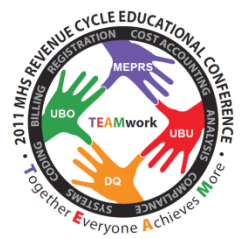
Forms: SF1080 and DD7/DD7A

- The SF1080 is the equivalent of an invoice or bill
- DD7 and DD7A are corresponding supporting documentation for the SF1080



- How to fill out the SF1080





SF1080

Voucher number

Schedule number

Bill number:
Place your distinctive
MTF invoice number

Standard Form 1080 Computer generated 10/15/2002 Modified after revised version April 1982 Department of the Treasury I TFRM 2-2500						VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS		VOUCHER NO. Leave Blank	
Department, establishment, bureau, or office receiving funds Your Unit name here Address Address City, State Zip code						SCHEDULE NO. Leave Blank		BILL NO. MTF Invoice # Your space PAID BY	
Department, establishment, bureau, or office charged Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001									

ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES OUTPATIENT	QUANTITY	UNIT PRICE		AMOUNT DOLLARS AND CENTS
				COST	PER	
	1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22)	150			\$54,000.00
		Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50			\$8,546.00
		Retiree *(C31, C32, C33)	78			\$95,622.00
		Retiree Family Members *(C43, C47, C48, C49)	30			\$65,877.00
			TOTAL			\$224,045.00

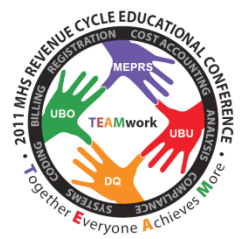
Remittance in payment hereof should be sent to -

Remittance Unit name here Address Address Address City, State Zip code	
---	--

ACCOUNTING CLASSIFICATION - Office Receiving Funds NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS 123456789	
January 0, 1900 (Date)	Certifying Officer Name here (Authorized administrative or certifying officer)
	Certifying Officer Title here (Title)

CERTIFICATE OF OFFICE CHARGED I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.	
(Date)	(Authorized administrative or certifying officer)
	(Title)

ACCOUNTING CLASSIFICATION - Office Charged



SF1080

- Put in your unit name and address
- Put in Agency address that you are billing

Standard Form 1080 Computer generated 10/15/2002 Modeled after revised version April 1982 Department of the Treasury HIFRM 2-2500						VOUCHER NO. SCHEDULE NO.	
VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						BILL NO. <div style="text-align: center;">Your space</div> <div style="text-align: center;">PAID BY</div>	
Your unit name and address							
Agency address							

ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE COST PER	AMOUNT DOLLARS AND CENTS
		OUTPATIENT			
	1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22)	150		\$54,000.00
		Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50		\$8,546.00
		Retiree *(C31, C32, C33)	78		\$95,622.00
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			TOTAL		\$224,045.00

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 Address
 Address
 Address
 Address
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(Date)

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(Authorized administrative or certifying officer)

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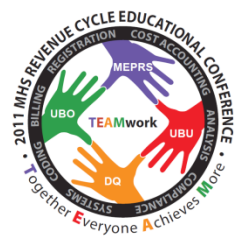
(Date)

(Authorized administrative or certifying officer)

(Date)

(Title)

ACCOUNTING CLASSIFICATION - Office Charged



SF1080

Date of Delivery:

- MTFs should run their query on a monthly basis

- List the month of the last patient treatment date on the DD7/DD7A

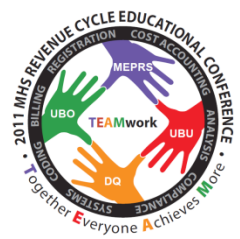
- Most of the dates on the

NOTE: At no time can there be mixed fiscal years (1 Oct. - 30 Sept.) included on a single SF1080

dates

of the query

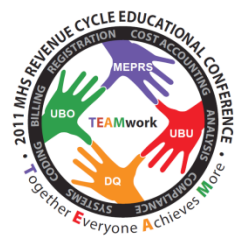
Standard Form 1080 Computer generated 10-15-2002 Modeled after revised version April 1982 Department of the Treasury 11TRFM 2-2-2000						VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS		VOUCHER NO. SCHEDULE NO.	
Department, establishment, bureau, or office receiving funds Your Unit name here Address Address City, State Zip code Department, establishment, bureau, or office charged								BILL NO. Your space PAID BY	
Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001									
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE COST PER		AMOUNT DOLLARS AND CENTS			
		OUTPATIENT							
	1-Nov-06 Thru 30-Nov-06	Active Duty * (C00, C11, C12, C13, C14, C22)	150				\$54,000.00		
		Active Duty Family Members * (C24, C25, C26, C27, C28, C29, C41, C45)	50				\$8,546.00		
		Retiree * (C31, C32, C33)	78				\$95,622.00		
		Retiree Family Members * (C43, C47, C48, C49)	30				\$65,877.00		
			TOTAL				\$224,045.00		
Remittance in payment hereof should be sent to - Remittance Unit name here Address Address Address Address City, State Zip code									
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(Date)				(Authorized administrative or certifying officer)					
				(Title)					
ACCOUNTING CLASSIFICATION - Office Charged									



SF1080

Label OUTPATIENT or
INPATIENT

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Department, establishment, bureau, or office receiving funds Your Unit name here Address Address City, State Zip code						SCHEDULE NO.			BILL NO.		
Department, establishment, bureau, or office charged Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001						PAID BY			Your space		
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE COST PER		AMOUNT DOLLARS AND CENTS					
		OUTPATIENT									
	1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22)	150							\$54,000.00	
		Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50							\$8,546.00	
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NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS											
123456789											
<div style="display: flex; justify-content: space-between;"> <div>January 0, 1900 (Date)</div> <div> Certifying Officer Name here <small>(Authorized administrative or certifying officer)</small> </div> </div>											
<div style="display: flex; justify-content: space-between;"> <div></div> <div> Certifying Officer Title here <small>(Title)</small> </div> </div>											
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<div style="display: flex; justify-content: space-between;"> <div>(Date)</div> <div></div> </div>											
<div style="display: flex; justify-content: space-between;"> <div></div> <div> <small>(Title)</small> </div> </div>											
ACCOUNTING CLASSIFICATION - Office Charged											



SF1080

List the Coast Guard's four reimbursement groups and their patient

Ensure your SF1080's patient categories match the following reimbursement groups:

Active Duty

(C00; C11; C12; C13; C14; C22; C24; C26; C27; C36)

Active Duty Family Members

(C25; C28; C37; C41; C45)

Retiree

(C31; C32; C33)

Retiree Family Members

(C43; C47; 48; 49)

ORDER NO.		DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE		AMOUNT	
			OUTPATIENT		COST	PER	DOLLARS AND CENTS	
			Active Duty (C00, C11, C12, C13, C14, C22)	150				\$54,000.00
			Active Duty Family Members (C24, C25, C26, C27, C28, C29, C41, C45)	50				\$8,546.00
			Retiree (C31, C32, C33)	78				\$95,622.00
			Retiree Family Members (C43, C47, C48, C49)	30				\$65,877.00
					TOTAL		\$224,045.00	

Remittance in payment hereof should be sent to -

Remittance Unit name here
Address
Address
Address
City, State Zip code

Accounting Classification
 NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION IS FOR THE OFFICE CHARGED
 123456789

January 0, 1900
 (Date)

Certifying Officer Name here
 (Authorized administrative or certifying officer)

Certifying Officer Title here
 (Title)

CERTIFICATE OF OFFICE CHARGED
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(Date)

(Title)

ACCOUNTING CLASSIFICATION - Office Charged

Please contact the CG if you have any patients in category C29 or C44

Use the same patient category group concept for other Agencies



SF1080

Quantity:
Optional

Standard Form 1080 Computer generated 10/15/2002 Modified after revised version April 1982 Department of the Treasury TFRM 2-2500					VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS		VOUCHER NO. SCHEDULE NO.	
Department, establishment, bureau, or office receiving funds Your Unit name here Address Address City, State Zip code <small>Department, establishment, bureau, or office charged</small>					BILL NO. Your space PAID BY			
Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001								

ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES OUTPATIENT	QUANTITY	UNIT PRICE COST PER	AMOUNT DOLLARS AND CENTS
	1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22)	150		\$54,000.00
		Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50		\$8,546.00
		Retiree *(C31, C32, C33)	78		\$95,622.00
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				TOTAL	\$224,045.00

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Remittance Unit name here Address Address Address Address City, State Zip code	
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ACCOUNTING CLASSIFICATION - Office Receiving Funds

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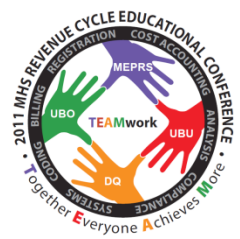
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<small>(Date)</small>	<small>(Authorized administrative or certifying officer)</small>
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ACCOUNTING CLASSIFICATION - Office Charged



SF1080

Insert total amount charged to the other Agency

Ensure your SF1080 reimbursement group totals reflect the DD7A or DD7 PATCAT totals

<small>Standard Form 1080 Computer generated 10/15/2002 Modeled after revised version April 1982 Department of the Treasury H TFRM 2-2500</small>						VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS		VOUCHER NO. SCHEDULE NO.		
Department, establishment, bureau, or office receiving funds Your Unit name here Address Address City, State Zip code <small>Department, establishment, bureau, or office charged</small>						BILL NO. Your space PAID BY				
Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001										
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE		AMOUNT				
		OUTPATIENT		COST	PER	DOLLARS AND CENTS				
	1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22)	150			\$54,000.00				
		Active Duty Family Members *(C24, C25, C26, C27, C38, C29, C41, C45)	50			\$8,546.00				
		Retiree *(C31, C32, C33)	78			\$95,622.00				
		Retiree Family Members *(C43, C47, C48, C49)	30			\$65,877.00				
			TOTAL				\$224,045.00			
<small>Remittance in payment hereof should be sent to -</small>										
Remittance Unit name here Address Address Address Address City, State Zip code										
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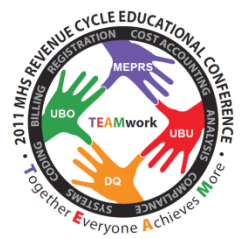


SF1080

Place the following information in this block:

- Remittance address
- Name of POC
- Phone number
- E-mail

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						VOUCHER NO.	
SCHEDULE NO.						BILL NO.	
PAID BY						Your space	
Standard Form 1080 Computer generated 10-15-2002 Modified after revised version April 1982 Department of the Treasury TFRM 2-2500 Department, establishment, bureau, or office receiving funds Your Unit name here Address Address City, State Zip code Department, establishment, bureau, or office charged Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001							
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE		AMOUNT	
		OUTPATIENT		COST	PER	DOLLARS AND CENTS	
	1-Nov-06 Thru 30-Nov-06	Active Duty (C06, C11, C12, C13, C14, C23)	150			\$54,000.00	
		Active Duty Family Members (C24, C25, C26, C27, C28, C29, C41, C45)	50			\$8,546.00	
		Retiree (C31, C32, C33)	78			\$95,622.00	
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ACCOUNTING CLASSIFICATION - Office Charged							



SF1080

Accounting
Classification:
Place accounting
information in this
block

Sign and date

Standard Form 1080 Computer generated 10/15/2002 Modeled after revised version April 1982 Department of the Treasury GPO PM 2-2500						VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						VOUCHER NO.	
Department, establishment, bureau, or office receiving funds Your Unit name here Address Address City, State Zip code <small>Department, establishment, bureau, or office charged</small>						SCHEDULE NO.						BILL NO.	
Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-0001						Your space PAID BY							

ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
OUTPATIENT						DOLLARS AND CENTS
	1-Nov-06 Thru 30-Nov-06	Active Duty ¶(C00, C11, C12, C13, C14, C22)	150			\$54,000.00
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Remittance Unit name here Address Address Address Address City, State Zip code	
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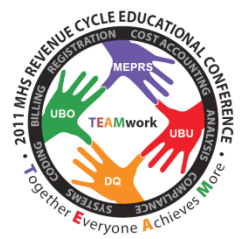
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(Date)

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_____ <small>(Date)</small>	_____ <small>(Authorized administrative or certifying officer)</small>
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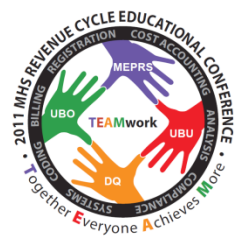
SF1080

Accounting
Classification (cont.)

Agency Location
Code (ALC) and your
accounting line in
this block

Air Force: Place
correct ADSN

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						VOUCHER NO.	
Standard Form 1080 Computer generated 10/15/2002 Modeled after revised version April 1982 Department of the Treasury ITRM 2-2500						SCHEDULE NO.	
Department, establishment, bureau, or Your Unit name here Address Address City, State Zip code Department, establishment, bureau, or Commandant (CG-1) U.S. Coast Guard 2100 2nd Street, Room 205 Washington, DC 20540							
ORDER NO.	DATE OF DELIVERY	Ensure accounting lines are: not faded not typed in small print not written over by signatures If the LOA cannot be read, it probably won't be processed					
		Active Duty (C00, C11, C12, C13, C14, C22)	150				\$54,000.00
	1-Nov-06 Thru 30-Nov-06	Active Duty Family Members (C24, C25, C26, C27, C28, C29, C41, C45)	50				\$8,546.00
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Remittance Address Address Address Address City, State							
Ensure accounting lines are CORRECT							
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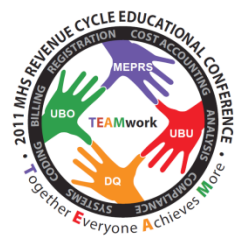


SF1080

Certificate of Office
Charged:

Do not use this space.
The office being charged
uses this space to
authorize payment

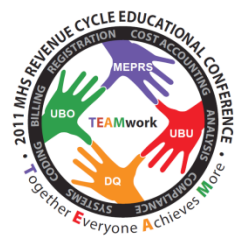
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Department, establishment, bureau, or office receiving funds						SCHEDULE NO.	
Your Unit name here						BILL NO.	
Address						Your space	
Address						PAID BY	
City, State Zip code							
Department, establishment, bureau, or office charged							
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		Retiree Family Members * (C43, C47, C48, C49)	30			\$65,877.00	
				TOTAL		\$224,045.00	



SF1080

Please leave at least
1.5 – 2 inches on the
bottom of the
SF1080. This area is
used for Agency
accounting
numbers.

VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						VOUCHER NO.	
<small>Standard Form 1080 Computer generated 10/15/2002 Modeled after revised version April 1982 Department of the Treasury ITFRM 2-2500</small>						SCHEDULE NO.	
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ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES OUTPATIENT	QUANTITY	UNIT PRICE COST PER		AMOUNT DOLLARS AND CENTS	
	1-Nov-06 Thru 30-Nov-06	Active Duty *(C00, C11, C12, C13, C14, C22)	150			\$54,000.00	
		Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50			\$8,546.00	
		Retiree *(C31, C32, C33)	78			\$95,622.00	
		Retiree Family Members *(C43, C47, C48, C49)	30			\$65,877.00	
			TOTAL		\$224,045.00		
<small>Remittance in payment hereof should be sent to -</small> Remittance Unit name here Address Address Address City, State Zip code							
ACCOUNTING CLASSIFICATION - Office Receiving Funds NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS 123456789							
January 0, 1900 <small>(Date)</small>				Certifying Officer Name here <small>(Authorized administrative or certifying officer)</small>			
Certifying Officer Title here <small>(Title)</small>							
CERTIFICATE OF OFFICE CHARGED I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated. <small>(Authorized administrative or certifying officer)</small> <small>(Date)</small>							
<small>(Title)</small> ACCOUNTING CLASSIFICATION - Office Charged							



DD7 & DD7A

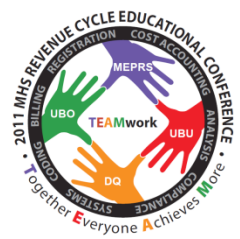
DD7 and DD7A





DD7 & DD7A

- DD7 is the supporting documentation for inpatient care rendered at MTFs
- DD7A is the supporting documentation for outpatient care rendered at MTFs



DD7 & DD7A

Ensure all patient categories are Coast Guard. These patient categories start with the letter **C**.

The Coast Guard does not pay Public Health Service or NOAA invoices

Report of treatment Furnished Pay Patients
Hospitalization Furnished (Part B) Outpatient Service

Prepared on: 07 Sep 04 Printed on: 07 Sep 04 Page 3

US Air Force
78th MSG Force 10
One Air Force Road
Nowhere, OK 12345

Patient Charge Category: USCG FAM MBR AD, C41
Country of Origin: Untied States

Patient Name FMP / SSN	Pat Cat Grade	Service Date	MEPRS Clinic / Services	Amount Billed
John Smith 30/123-45-6789	C41	30-Jul-04	BGAA (PHR)	200.46
Susan Johnson 30/123-45-6789	C41	10-Jul-04	BDBA (OPE)	90.65
Debbie Piper 30/123-45-6789	C41	4-Aug-04	BCCA (MLT)	358.04
Stan Sweets 30/123-45-6789	C41	7-Aug-04	BHAC (OPE)	578.01
Han Solo 30/123-45-6789	C41	29-Jul-04	BBFA (OPE)	6.25

{USCG FAM MBR AD continued on the next page}

Sample of DD7A

Date: 07 Sep 04 Certified and Authenticated by: _____

THIS FORM IS AN AUTOMATED VERSION OF DD7A - A APR 76



DD7 & DD7A

Ensure all patient visits
are within the **same**
Fiscal Year

We will not process
invoices that have mixed
fiscal years
(1 October – 30
September)

Report of treatment Furnished Pay Patients
Hospitalization Furnished (Part B) Outpatient Service

Prepared on: 07 Sep 04 Printed on: 07 Sep 04 Page 3

US Air Force
78th MSG Force 10
One Air Force Road
Nowhere, OK 12345

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Stan Sweets 30/123-45-6789	C41	7-Aug-04	BHAC (OPE)	578.01
Han Solo 30/123-45-6789	C41	29-Jul-04	BBFA (OPE)	6.25

{USCG FAM MBR AD continued on the next page}

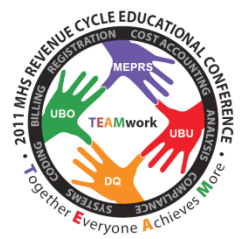
Sample of DD7A

Date: 07 Sep 04 Certified and Authenticated by: _____

THIS FORM IS AN AUTOMATED VERSION OF DD7A - A APR 76

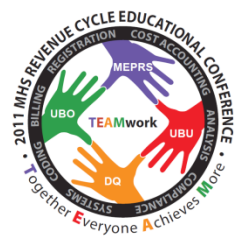
Claim Rejection





Claim Rejection

- Incorrect math
- Billing multiple fiscal years on the same invoice
 - (1 October to 30 September)
- More than one SF1080 with one “set” of supporting documentation
- Mixed inpatient or outpatient invoices
- Being billed for other services’ patient categories
- Incorrect labeling of reimbursement groups
- Illegible invoices
- Missing accounting classification information



Claim Rejection

Billing multiple fiscal years

1 October thru 30 September
one FY only

Report of treatment Furnished Pay Patients Hospitalization Furnished (Part B) Outpatient Services

Prepared on 5 Oct 08

Printed on: 5 Oct 08

Page 1

US Air Force
78th MSG Force 10
Navarone Road
Zoomy, OK

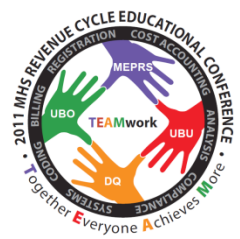
Patient Charge Category: USCG FAM MBR AD, C41
Country of Origin: United States

Patient Name	Pat Cat Grade	Service Date	MEPRS Clinic/Services	Amount Billed
Paige Turner 30/123-45-6789	C41	2-Sep-08	BGAA (PHR)	\$200.00
Constance Noring 30/123-45-6789	C41	2-Sep-08	BDBA (OPE)	\$152.00
Rick Shaw 30/123-45-6789	C41	20-Sep-08	BCCA (MLT)	\$92.00
Tad Pohl 30/123-45-6789	C41	22-Sep-08	BHAC (OPE)	\$523.00
Gail Storm 30/123-45-6789	C41	1-Oct-08	BBFA (OPE)	\$1,256.00

(USCG FAM MBR AD Continued on the next page)

Date: 5 Oct 08 Certified and Authenticated by: _____

THIS FORM IS AN AUTOMATED VERSION OF DD7A - APR 76



Claim Rejection

SF1080: \$967.00

Report of treatment Furnished Pay Patients
Hospitalization Furnished (Part B) Outpatient Services

Prepared on 5 Oct 08

Printed on: 5 Oct 08

Page 1

US Air Force
78th MSG Force 10
Navarone Road
Zoomy, OK

Patient Charge Category: USCG FAM MBR AD, C41
Country of Origin: United States

Patient Name	Pat Cat Grade	Service Date	MEPRS Clinic/Services	Amount Billed
Paige Turner 30/123-45-6789	C41	2-Sep-08	BGAA (PHR)	\$200.00
Constance Noring 30/123-45-6789	C41	2-Sep-08	BDDB (OPE)	\$152.00
Rick Shaw 30/123-45-6789	C41	20-Sep-08	BCCA (MLT)	\$92.00
Tad Pohl 30/123-45-6789	C41	22-Sep-08	BHAC (OPE)	\$523.00
Gail Storm 30/123-45-6789	C41	1-Oct-08	BBFA (OPE)	\$1,256.00

(USCG FAM MBR AD Continued on the next page)

Date: 5 Oct 08 Certified and Authenticated by: _____

THIS FORM IS AN AUTOMATED VERSION OF DD7A - APR 76

SF1080:
\$1256.00

Report of treatment Furnished Pay Patients
Hospitalization Furnished (Part B) Outpatient Services

Prepared on 5 Oct 08

Printed on: 5 Oct 08

Page 1

US Air Force
78th MSG Force 10
Navarone Road
Zoomy, OK

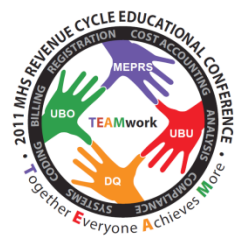
Patient Charge Category: USCG FAM MBR AD, C41
Country of Origin: United States

Patient Name	Pat Cat Grade	Service Date	MEPRS Clinic/Services	Amount Billed
Paige Turner 30/123-45-6789	C41	2-Sep-08	BGAA (PHR)	\$200.00
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Rick Shaw 30/123-45-6789	C41	20-Sep-08	BCCA (MLT)	\$92.00
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Gail Storm 30/123-45-6789	C41	1-Oct-08	BBFA (OPE)	\$1,256.00

(USCG FAM MBR AD Continued on the next page)

Date: 5 Oct 08 Certified and Authenticated by: _____

THIS FORM IS AN AUTOMATED VERSION OF DD7A - APR 76



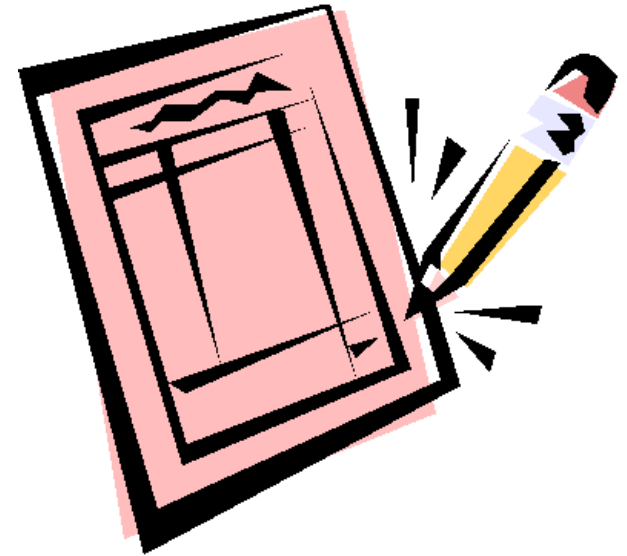
Miscellaneous Issues

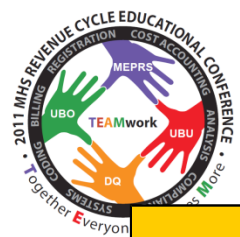
- Do not send duplicate copies
- Do not send a 2nd submission unless you contact the Agency first
- Send invoices via mail (hard copy) or encrypted e-mail



Coast Guard Tracker

- Creates a ledger
- Creates SF1080s
- Minimal data entry
- Provides ability to reconcile





Coast Guard Tracker

Voucher For Transfers Between Appropriations and/or Funds										Article of Services/Outpatient													Links to SF1080				
										Voucher No.	Bill No.	Tx Begin Date	Tx End Date	AD Quantity	AD Amount	ADFM Quantity	ADFM Amount	RET Quantity	RET Amount	RETFM Quantity	RETFM Amount	Line Total Reimbursement					
Department, establishment, bureau, or office receiving funds											Your space	1-Nov-10	30-Nov-10	150	\$54,000.00	50	\$8,546.00	78	\$95,622.00	30	\$65,877.00	\$224,045.00	SF1080 Sample				
Your Unit name here																							\$0.00	SF1080 (OCT10)			
Address																								\$0.00	SF1080 (NOV10)		
Address																								\$0.00	SF1080 (DEC10)		
City, State, Zip code																								\$0.00	SF1080 (JAN11)		
																								\$0.00	SF1080 (FEB11)		
																								\$0.00	SF1080 (MAR11)		
Department, establishment, bureau, or office charged																								\$0.00	SF1080 (APR11)		
Address											Commandant (CG-1012)															\$0.00	SF1080 (MAY11)
											U.S. Coast Guard															\$0.00	SF1080 (JUN11)
											2100 2nd Street, Room 5116															\$0.00	SF1080 (JUL11)
City, State, Zip code											Washington, DC 20593-0001														\$0.00	SF1080 (AUG11)	
																									\$0.00	SF1080 (SEP11)	
																									\$0.00	SF1080 (SUP11)	
Remittance in payment hereof should be sent to -																									\$0.00	SF1080 (SUP2)	
Address											Remittance Unit name here															\$0.00	SF1080 (SUP3)
																									\$0.00	SF1080 (SUP4)	
																									\$0.00	SF1080 (SUP5)	
																									\$0.00	SF1080 (SUP6)	
																									\$0.00		
																									\$0.00		
ACCOUNTING CLASSIFICATION - Office Receiving Funds															0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	Category Sub Total			
NOTES SECTION OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNATURE SECTIONS 123456789																											
Date											January 0, 1900																
Authorized administrative or certifying officer										These forms will assist you in filling out a SF1080 that will quickly transits the U.S. Coast Guard payment system. Each line corresponds with one of the tabs below. (See underscored link at end of each line)																	
Title																											



Coast Guard (Cont'd)

MONTHLY CONFIRMATION REPORT-USAF (FY10).pdf - Adobe Reader

File Edit View Document Tools Window Help

1 / 66 172% Find

MONTHLY CONFIRMATION REPORT-USAF MILITARY TREATMENT FACILITIES

This report represents all invoices received and certified for payment by USCG for medical care provided to Coast Guard Beneficiaries (Active & Retired) in FY10

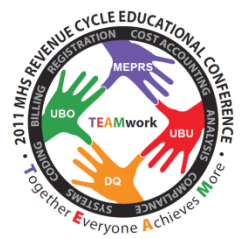
Thursday, January 6, 2011 9:20:24 AM EST

[missing]

Document Number	Obligation	Expenditure
1909NOJN9OAK	\$0.00	\$0.00
1910ARSHA	\$0.00	\$88.56
1910NOVEDW	\$0.00	\$52.74
1910NOVMAL0	\$0.00	\$0.00
Total	\$0.00	\$141.30

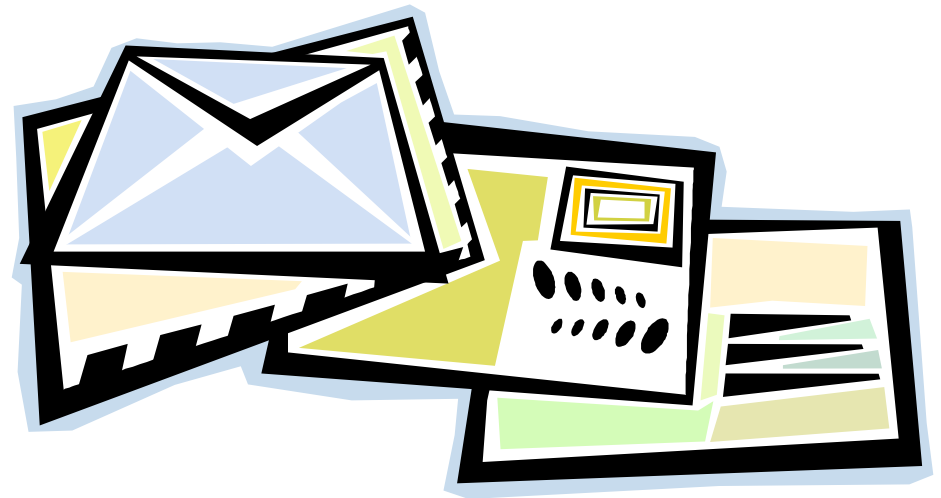
FOR OFFICIAL USE ONLY

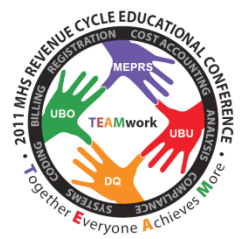
This report is for Management Purposes Only. It is not an officially certified USCG financial report. The data source is CAS/MIRPROD. This report is produced using CG-9 APMS BI Application.



Submitting Bills

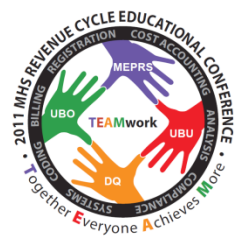
- Documentation
 - SF1080
 - Bill (DD7, DD7A, etc...)
 - Insurance Info





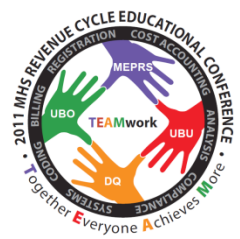
Contact Information

- U.S. Coast Guard
- Mailing Address:
- DoD Direct Care Billing
- U.S. Coast Guard
- 2100 2nd Street SW Stop 7902
- Washington, DC 20593-7902
- Attn: DoD Invoice Processing



Contact Information

- Dept of Public Health
- Mailing Address:
- Public Health Dept, Medical Affairs Branch
- 5600 Fishers Lane, Room 4C-04
- Rockville MD 20857



Contact Information

- National Oceanic Atmospheric Administration
- (NOAA)
- Mailing Address:
- Division of Commissioned Personnel
- 8403 Colesville Road Suite 500
- Silver Spring MD 20910-3282

Questions ?

